

EFRC DISPOSITION WORKSHEET

Re: IV 2505884 / 2483294
Subject: Edgar Cuevas # [REDACTED]
Investigator: Sgt. Henry Ortega, Internal Affairs Bureau
Advocate: Sgt. Nikio Caffery, Advocate

DISPOSITION OF CHARGES

The following charges were prepared by the Advocacy Unit. Please indicate your disposition of the potential charges, and put any additional sustained charges (with reference to the investigation) on attached sheet(s).

Potential Charge(s):

The evidence in this investigation supports the following charges:

1. That in violation of Manual of Policy and Procedures Section 3-01/030.10 Obedience to Laws, Regulations and Orders, as it pertains to 3-10/050.15 Performance to Standards - Performance Associated with the Use of Force; and/or 3-10/150.00, Tactical Incidents; and/or 5-09/220.50, Foot Pursuits, on or about May 12, 2019, while on-duty and assigned to Compton Station, Subject Cuevas, failed to perform to the standards established for his rank of Deputy Sheriff, and/or failed to perform his duties in a manner which established and maintained the highest standard of efficiency in carrying out the functions and objectives of the Department, when he took independent action and/or used strategies and/or tactics which failed to comply with Department policies, and/or procedures, and/or training, as evidenced by, but not limited to:
 - a. failing to broadcast radio traffic of required information via a dispatch frequency with the Sheriff's Communication Center upon initiation of the pursuit; and/or,
 - b. failing to communicate, via radio, to his partners he was about to approach and/or he was about to detain Suspect Blas; and/or,
 - c. failing to coordinate with additional units in establishing and/or maintaining a containment for Suspect Blas; and/or;
 - d. failing to formulate with additional units a tactical plan prior to approaching and/or contacting Suspect Blas; and/or,
 - e. approaching, and/or closing the distance between himself and Suspect Blas, without an exigency and/or emergency and/or additional units.

Evidence Reference:

Defenses/Conflicting Evidence:

Disposition:

- ☒ **Charge founded as delineated**
☐ **Charge founded as modified**
☐ **Charge unresolved**
☐ **Charge unfounded**

Discipline Assessment

Review of Applicable Guidelines for discipline Section:

The Department's "*Guidelines for Discipline*" (September 28, 2012) lists the following Analogous misconduct with associated disciplinary penalties:

Conduct

Standard Discipline

Obedience to Laws, Regulations and Orders

- Performance to Standards - Performance Associated with the Use of Force
- Tactical Incidents
- Foot Pursuits

W/R to Discharge

Determination of Discipline:

Based upon the attached assessment of mitigating and aggravating factors, the following discipline has been determined to be appropriate. This discipline is subject to revision upon receipt of the subject's response of grievance.

- ☐ Discharge
- ☐ Reduction in Rank
- ☒ Suspension with loss of pay and benefits for 3 days
- ☐ Written Reprimand
- ☐ No discipline

Assessment of Mitigating and Aggravating Factors:

The following describe the mitigating and aggravating factors in the determining the discipline in this investigation. Those factors include:

Intent	Truthfulness
Past Performance	Severity of Infraction
Degree of Culpability	Acceptance of Responsibility
Disciplinary History	Other Factors

Management has considered the subject's performance, which is documented in the Subject's Department personnel file, and those documents not contained in that file which are attached to the disposition worksheet.

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 02/13/2020		Bureau/Station/Facility: Central Patrol Division / Compton Station		Admin. Invest.? <input type="checkbox"/> Hit? <input type="checkbox"/>	
Incident Information					
URN: 019-07068-2825-055		Date: 05/12/2019		Time: 1817 hours	
City or Station: Compton		Nature of Incident: A foot pursuit ensued when deputies attempted to contact a potentially armed suspect. The suspect fled to the location and pointed a firearm a deputy. Deputy Cuevas fired 3 non-hit rounds.			
Location: [REDACTED] E. Tucker Street, Compton 90221					
Location Type (check one or more): <input checked="" type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other: _____		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 10 feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input checked="" type="checkbox"/> Fleeing Suspect <input checked="" type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other: _____	
Total # of Shots Fired by Deputy: 3		Total # of Shots Fired by Suspect: 0		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input checked="" type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses					
Employee # [REDACTED]	Last Name: Calderon	First Name: Joge	M.I.: A.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee # [REDACTED]	Last Name: Hernandez	First Name: Christopher	M.I.: B.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee # [REDACTED]	Last Name: Anaya	First Name: Guillermo	M.I.: A.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name: [REDACTED]		First Name: [REDACTED]		M.I.: [REDACTED]	
Street Address: [REDACTED]		City: [REDACTED]		Zip Code: [REDACTED] Work Ph: [REDACTED] Home Ph: [REDACTED]	
Last Name: [REDACTED]		First Name: [REDACTED]		M.I.: [REDACTED]	
Street Address: [REDACTED]		City: [REDACTED]		Zip Code: [REDACTED] Work Ph: [REDACTED] Home Ph: [REDACTED]	
Last Name: [REDACTED]		First Name: [REDACTED]		M.I.: [REDACTED]	
Street Address: [REDACTED]		City: [REDACTED]		Zip Code: [REDACTED] Work Ph: [REDACTED] Home Ph: [REDACTED]	
Supervisors					
Employee # [REDACTED]	Last Name: Butler	First Name: Natasha	M.I.: K.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee # [REDACTED]	Last Name: Johnson	First Name: Eric	M.I.:	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee # [REDACTED]	Last Name: Kluth	First Name: David	M.I.: A.		
Watch Commander					
Employee # [REDACTED]	Last Name: Veloz	First Name: Oscar	M.I.: E.		

PSTD Use Only

SH # _____

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[illegible]

SUPPLEMENTAL NON-EMPLOYEE WITNESSES

Los Angeles County Sheriff's Department

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Non-Employee Witnesses			
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph

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Rollout Information							
Arrival Date	05/12/2019	Arrival Time	2100 Hours	Date Submitted	02/10/2020	Date of Recommendation	
Employee #	[REDACTED]	Last Name	Ortega	First Name	Henry	M.I.	M
Employee #	[REDACTED]	Last Name	[REDACTED]	First Name	[REDACTED]	M.I.	[REDACTED]
Employee #	[REDACTED]	Last Name	Grall	First Name	David	M.I.	M.
Shooting / Force Information							

Shooting / Force Information

Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Brand

Brand		(IV)	Iver Johnson	(RO)	Rossi
(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Marlin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithica	(RI)	RGI		

Caliber

(9)	9 mm	(24)	.243 caliber	(41)	.410 guage
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 guage	(30)	.308 caliber	(45)	.45 caliber
(20)	20 guage	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(36)	30-06 caliber	(SL)	Slug
(22)	.22 caliber	(38)	.38 caliber	(WW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)

[illegible]

Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 1	Employee #	Last Name			First Name			M.I.		
		Cuevas			Edgar			S.		
	Sex: M	Race: H	Rank: B-1		Unit Assignment: Compton Station		Work Assignment (Unit #, Module, etc.): Unit 282D			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 8		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors: E1 was on his first shift after three consecutive regular days off.			
	Age: 510		Height: 210		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	
	Weapons Fired Brand: Sig Sauer		Caliber: 9mm		# Shots: 3		Weapons Fired Brand:		Caliber:	# Shots:
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				
E	Employee #	Last Name			First Name			M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber:	# Shots:
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				
E	Employee #	Last Name			First Name			M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber:	# Shots:
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				

Officer Involved Shooting Suspect Information

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Suspect Information					
S 1	Last Name		Morales Blas		
	First Name		Mario		
	M.I.		A.		
	AKA Last Name		Morales		
	First Name		Mario		
	M.I.		A.		
	Sex: M	Race: H	Street Address:	City: State & Zip Code:	
	Work Phone: N/A	Home Phone: N/A	Social Security #:	Driver's License #:	
	Age: 28	D.O.B. 07/30/1990	Height: 506	Weight: 220	
	FBI #	CII #			
Booking #	Primary Charge: Assault on a peace officer, 245(d)(1) PC				
Secondary Charge: Felon in possession of a firearm 29800(a)(1) PC					
Coroner Case?	Coroner Case #	Intoxication/Drug Usage?	Substance Used:		
Armed? <input checked="" type="checkbox"/>	Apprehended? <input checked="" type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>		
Vehicle Make		Model:		Year:	
N/A					
S	Last Name		First Name		
	M.I.				
	AKA Last Name		First Name		
	M.I.				
	Sex:	Race:	Street Address:	City:	State & Zip Code:
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:	
	Age:	D.O.B.	Height:	Weight:	FBI #
	CII #				
	Booking #	Primary Charge:		Secondary Charge:	
	Coroner Case?	Coroner Case #	Intoxication/Drug Usage?	Substance Used:	
Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>		
Vehicle Make		Model:		Year:	
S	Last Name		First Name		
	M.I.				
	AKA Last Name		First Name		
	M.I.				
	Sex:	Race:	Street Address:	City:	State & Zip Code:
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:	
	Age:	D.O.B.	Height:	Weight:	FBI #
	CII #				
	Booking #	Primary Charge:		Secondary Charge:	
	Coroner Case?	Coroner Case #	Intoxication/Drug Usage?	Substance Used:	
Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>		
Vehicle Make		Model:		Year:	
S	Last Name		First Name		
	M.I.				
	AKA Last Name		First Name		
	M.I.				
	Sex:	Race:	Street Address:	City:	State & Zip Code:
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:	
	Age:	D.O.B.	Height:	Weight:	FBI #
	CII #				
	Booking #	Primary Charge:		Secondary Charge:	
	Coroner Case?	Coroner Case #	Intoxication/Drug Usage?	Substance Used:	
Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>		
Vehicle Make		Model:		Year:	